ARIZONA FORM

Arizona Exempt Organization Business Income Tax Return 2003

											CHECK ONE		\Box
				For taxable year beginning MM_/_DD_/_YYYYY_, and ending MM_/_DD_/_YYYYY_					<u>Y</u>	Original Amended			
				Mail to: Arizona Department of Revenue, PO Box 29079, Phoenix AZ 85038-9079					С	CHECK ONE: Calendar year Fiscal year			
Business telephone number				Please	Name					Federal employer ID number (FEIN)			
()				Type	Number and street or PO Box					AZ withholding tax number			
Unrelated business activity codes			tivity codes	or	Number and exect of 1 or box						•		
				Print	City or town, state and ZIP code				AZ	Z trai	saction privilege	e tax number	
									FOR DO	OR US	E ONLY		_
00		0 11-1		Th!- !	Control D Norman D Address								
68		Check box	СП:	inis is a	first return	ss cnange							
A [Date A	rizona ope	rations be	gan <u>MM</u>	J DD J YYYY								
B [Date o	f letter grai	nting exem	ption from	Arizona income tax MM / DD / YYYY								
		_	_		activities								
											_		
D [Jid yo	u file an Ar	izona Form	1 99?	☐ Yes ☐ No		81			66			
E (federal for			Other (specify)			CHECK E				F	 7
		Enclose c	opy of fed	eral form	with this return.		82	Federal e	xtension i	usec	to file return.	82 F	
1	Unr	elated trad	e or busine		Unrelated Trade or Business Taxable In income - from federal Form 990T		•				1		00
2	Арр	ortionment	ratio. Mult	istate orga	nizations only - see instructions	<u>2</u>							
3	Tax	able incom	e attributat	ole to Arizo	na - line 1 multiplied by line 2 (or enter amount	from line 1, i	f 100% Ar	izona)			3		00
					Arizona Tax Liability Computat	ion							
4	4 Enter tax - tax is 6.968 percent of line 3, or \$50, whichever is greater								00				
					n. Check this box to send \$5 to the fund and red								
					n					r	5		00
		Clean Elections Fund Tax Credit. SEE INSTRUCTIONS BEFORE COMPLETING THIS LINE							1	7		00	
7	lax	liability afte	er Clean El	lections Fu	nd tax reduction and tax credit - subtract the su	m of lines 5	and 6 fron	1 line 4			7		00
					Tax Payments								
8	Exte	ension payı	ment made	with Arizo	na Form 120EXT - see instructions				(00			
					ctions					00	1		
10	Tota	al payments	s - add line	s 8 and 9.	Amended returns - see instructions						10		00
					Commutation of Total Due or Overno								
44	D-I	nno of to	dua If I'	o 7 io la	Computation of Total Due or Overpa	-				ſ	44	ı	00
11				•	r than line 10, enter balance of tax due. Skip lir ger than line 7, enter overpayment of tax					ŀ	11 12		00 00
12 13					ger than line r, enter overpayment of tax					ŀ	13		00
14		•			y. If Form 220 is attached, check box						14		00
15				•	s Fund - Enter the amount of the donation. Ame						15		00
16	TO	TAL AMOU	JNT DUE -	Add lines	11, 13, 14, and 15. If money is due, payment m	ust accompa	ny return .			[16		00
17										[17		00
18					004 estimated tax		18		(00		1	
40	Λ	ount to bo .	rofundad	aubtract lir	o 10 from line 17						10		^^ '

Schedule A - Apportionment Formula (Multistate Organizations Only) See instruction pages 5 and 6

Limited to Unrelated Trade or Business Amounts

A1 Property	Factor	Column A	Column B	Column C					
Value of real a	and tangible personal property (by averaging the value of	Total	Total Within	Ratio Within					
owned propert	ty at the beginning and end of the tax period; rented	Within	and	Arizona					
property at cap	pitalized value)	Arizona	Without Arizona	A ÷ B					
Total own	ed and rented property								
A2 Payroll F	actor								
Total wages, s	salaries, commissions and other compensation of employees								
A3 Sales Fac	ctor								
a. Total sale	s and other gross receipts								
b. Double w	eight Arizona sales and gross receipts	X 2							
c. Sales fact	tor (for column A, multiply item a by item b; for column B,								
enter amo	ount from item a)								
A4 Total ratio - add A1, A2 and A3(c), in column C									
A5 Average	apportionment ratio - divide A4 by four (4). Enter the result in o	column C and on page 1, line	e 2						
Certification	Under penalties of perjury, I declare that I have examined this retubelief, it is a true, correct and complete return, made in good faith,	, , , ,	•	, ,					
Please									
Sign Here	Signature of officer	Date	Title	Title					
Daid									
Paid	Preparer's signature	Date							
Preparer's			I						
Use Only		Dunnana's TIN							
	Firm's name (or preparer's, if self-employed)	Preparer's TIN							
	Firm's address		Zip code	Zip code					